

**EXPRESS**M∆IL

## POST OFFICE TO ADDRESSEE

EK287384845US

	E ONLY)  Day of Delivery	Flet Deta Ferrales	DELIVERY (POS			
ode		Flat Rate Envelope	Delivery Attempt	Time	Employee Signature	
	Next Second		Mo. Day	AM D	PM	
	•	Postage	Delivery Attempt	Time	Employee Signature	
Day Year	12 Noon 3 PM	\$	Mo. Day		204	
	Military	Return Receipt Fee	Delivery Date	Time	Employee Signature	
□ <sub>PM</sub>						
PM	Int'l Alpha Country Code	COD Fee Insurance Fee	Mo. Day Signature of Address	AM Dr	PM	
•						
ozs.	Acceptance Clerk Initials	Total Postage & Fees	X None Store Six	<del></del>		<del></del> _
nd   Holiday	, and a second s	&	Name - Please Print			
VER USE OF		Þ	^			
MER USE ON	NLY ,					
PAYMENT:	•	WAIVER	OF SIGNATURE (Domes	tic Only ) Additional me	chandise insurance is wold if waiver of signature	is requested.
		i wish del	very to be made without o	btaining signature of a	ddressee or addressee's agent (it delivery emi	plovee judges
Corporate Acct. No.		that article	can he left in come	thool and I author	A STATE OF THE PARTY OF THE PAR	March 1987 C. 1987 Sept. 1972
orporate Acct. No.		that articles delivery.	e can be left in secure loca	ition) and I authorize th	at delivery employee's signature constitutes v	alid proof of a
/ Acct. No. or		that and defivery NO DELIVER	e can be left in secure loca	tion) and I authorize th	at delivery employee's signature constitutes vi	alid proof of
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